Women of St. Francis NCCW

2026-2027 MEMBER REGISTRATION

Annual Dues are $25.

For more information, email info@wosf.org or visit wosf.org.

Date ____/____/____

☐ New member ☐ Returning member If returning, what year did you first join WoSF? _____

Full name _____ Preferred go-by name _____

Birthday (Month/Day) _____ Spouse's name _____

Ages of children/grandchildren, if any _____

Street address *(required)* _____

City _____ State _____ Zip code _____

Phone number *(required)* _____ Email *(required)* _____

Select your preferred form of communication ☐ Phone/text ☐ Email

What year did you become a St. Francis of Assisi parishioner? _____

What parish groups and/or activities are you involved in? _____

What is your reason(s) for interest in WoSF? _____

How did you learn about WoSF? _____

Check the volunteer committees you're interested in joining:

☐ Fashion Show	☐ Feed Our Shepherds	☐ Hospitality	☐ Membership
☐ Pew Crew	☐ Publicity/Website	☐ Rosary Makers	☐ Scholarship
☐ Social	☐ Spirituality	☐ Spring Marketplace	☐ Sunshine

Any additional comments? _____

WOSF DIRECTORY AND PHOTO RELEASE

I grant the WoSF permission to list my contact information in the 2026-2027 WoSF Directory to be shared with WoSF members. I understand this includes my full name, address, phone number, email address and birthday.
I also grant the WoSF permission to use my likeness/photos for the WoSF Facebook group, website and materials used to publicize the WoSF ministry. ***Note: Your information will not be used for commercial purposes.***

INITIAL HERE: _____

ADMINISTRATIVE PROCESSING

Payment date _____ Amount _____ Form of payment _____